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ART. I.—*Valedictory Address to the Graduating Class in Rush Medical College.* By N. S. DAVIS, M.D., *Professor of Pathology, Practice of Medicine, and Clinical Medicine.*

GRADUATES AND GENTLEMEN:

The present occasion marks the close of another annual term of instruction in Rush Medical College. The toils, the anxieties, the hopes and fears, the daily comminglings, and the opportunities for improvement, that accompanied it, are all now numbered with the things of the past. And owing to that sudden bereavement which has left a vacant place around the fireside of one of my most worthy colleagues, I am unexpectedly called upon to extend to you the customary congratulations, and formally recognize you as *Brethren* in the time-honored and noble profession of Medicine.

When the weather-beaten mariner has toiled through a season of storms, with the swelling waves of old ocean beneath, and the heavens veiled with clouds and darkness above, and finds himself at length in a calm but untried sea, with the king of day just throwing his silvery rays in dazzling beauty over the boundless expanse, his first object is to take his soundings, ascertain his latitude and longitude, and note the pointing of the needle, for the purpose of determining whither he is bound and the dangers that may beset his pathway. If the period of medical pupilage cannot be justly styled one of storms, it may, at least, be called an event-

ful portion of the voyage of life. It has its periods of sunshine and pleasant breezes, when the intellect is rapidly possessing itself of the choicest flowers of literature and the most beneficent truths of Science. It has its period of clouds and darkness, when the mind vainly endeavors to grasp the obscure, the intricate, and the unknown. It has its season, too, of storms, when the mind, weighed down with a sense of approaching responsibility and tortured with anxiety concerning the question of success or failure in regard to the attainment of the more immediate object of the student's ambition, namely, the formal and honorable admission into the ranks of a learned profession.

It is from this latter season, gentlemen, that you have just emerged; and now, while you are standing calmly, perhaps buoyantly, on the borders of what is to most of you a new and untried field, I can think of nothing more appropriate, than, like the mariner, to take the lead and line, the compass, and the Quadrant, and briefly explore the sea before you. The present aspect of Medical Science corresponds closely with that presented by any one or all the other sciences. A relationship which has been equally observable at every period since the days of the renowned sage of Cos.

When a crude system of Astrology was almost the only representative of natural science, diseases and medicines were alike supposed to be under the control of the stars.

When Fire, Earth, Air, and Water, were supposed to be the primary elements of the Universe, and all physical changes in matter were the results of concoction and fermentation, then Physiology consisted in a supposed knowledge of four Humors, called Blood, Phlegm, Bile, and Atrabile—and merbid action or disease consisted in excess, deficiency, or perversion of these.

When the Alchemists were laying the foundation of modern chemistry by their search after the Philosopher's-stone that should convert all the baser metals into Gold, Paracelsus and his followers were equally earnest in their search after the grand Panacea, the Elixir of Life, that was to rob the grim messenger of his prey and render the present life immortal. In more modern times, a still closer relationship is discernible between the progress of the different branches of Medical science and the natural sciences, technically so called.

So close, indeed, has been this relationship that scarcely a step of

advancement has been taken in either of the latter, without having been productive, either directly or indirectly, of an equal advance in the former. As illustrations of this, we need only refer to the discoveries in the physiology of the nervous system by Sir Charles Bell, and their intimate connection with the cotemporaneous cultivation of natural history and comparative Anatomy — to that beautiful application of a knowledge of Acoustics or the laws of the transmission of sound to the more accurate appreciation of diseases of the heart, lungs, &c. — to that ingenious combination of mechanical principles found in the Surgical Adjuster — to that still more ingenious and valuable philosophical instrument, the compound Achromatic Microscope, which, by its applications in the study of minute, and pathological anatomy, has revealed to us a new and fascinating world of objects, and brought within our view the ultimate cells, fibres, and granules of which the human frame, with all its complex and wonderful combinations, is made — and last, though not least, we are reminded, at the bed-side of the sick, by each of those neat and concentrated therapeutic agents fresh and pure from the laboratory, of the inseparable connection between practical Medicine and organic and analytical Chemistry. These cursory glances bring vividly to our view the true position and relationships of medical science and practice. It is a very common error, by no means limited to the popular or non-professional mind, that Medicine is an isolated study, made up of cloistered theories and specific formulas, to be learned by rote and applied by routine — that its language, even, is but a mixed jargon of ancient origin, retained only to mystify and mislead the uninitiated. Instead of this, however, we see that Medicine has a legitimate and broad foundation, reaching deeply and securely to the very centre of all the various branches of natural science and philosophy.

Disease, instead of being some mysterious spiritual entity, pervading and disturbing the human body, or some imaginary concoction of humors, is at once recognized as a simple deviation of some organ or structure from its natural condition, induced by some cause or agency, and taking place in accordance with laws known and appreciable, and its progress capable of being measured from day to day. Hence a knowledge of the natural condition and function of each organ and tissue must precede, and constitute the basis of all knowledge of disease. To gain this necessary antecedent

knowledge we must enter the wide field of natural history, trace the successive development of different species, orders, and genera, of living beings; that we may recognize more certainly the connection between the development of certain organs and the manifestation of certain functions. We must call to our aid Chemistry, with her fixed laws and most careful manipulations, to analyze the solids and fluids of which each organ is composed, as also the changes which these undergo in the progress of disease; and to complete the task, we must trespass on Natural Philosophy for an instrument, with which to view in their natural position, the relations and qualities of each cell, fibre, and molecule. Nor is this all, or even the half of the field upon which we have entered. We have thus far only found the organ or tissue, and determined its structure, composition, and function. In other words, we have taken the acorn, examined its structure, analyzed its several parts, and recognized in it the elements of the future oak.

But what are the exterior agencies or elements that must be brought to bear on it, to awaken the latent principle of life and cause its rudimentary radicle to extend itself downward and its plumule to shoot upward? So of the organs and tissues, the solids and fluids, of the human body: when we have ascertained their existence, unravelled their structure, and separated their component parts, the next step is, to inquire into the relation each bears to all the others, and to the impression or action of all surrounding objects and influences. And here it is that we come at once to require the most intimate knowledge of the air we breathe, the food we eat, the liquids we drink, with those more occult and mysterious agents, called light, caloric, electricity, &c., involving in their remote ramifications, not only the departments of Botany, Geology, and Meteorology, but the whole range of physical and moral sciences. Not only do all these agents and influences bear an intimate and necessary relation to the human system in a healthy condition, but their perverted and undue action constitute them the chief causes of disease.

Even my non-professional hearers will thus perceive clearly, I trust, that legitimate Medicine, instead of being a mere system of theoretical opinions, emanating from the cloistered conceptions of some erratic genius, is, in truth, but a part, and a most important

part too, of the great field of natural science and philosophy, applied to the most noble and beneficent purpose of allting haveiومان suffering and of prolonging human life.

And hence, to talk of *rival* systems of medicine is just as absurd as to talk of rival systems of chemistry, or of mechanics. For so certain as man constitutes a link in the great chain of animate beings, susceptible of being acted on by all the natural agents that surround him with their almost endless variety of combinations, so certain it is, that a knowledge of his diseases involves a more or less intimate knowledge of the adjoining links in the chain, as well as of the exterior agents capable of acting on them.

Therefore, I repeat, that medical science is simply a part of the natural sciences and philosophy of the present day; while medical art is the skilful application of such sciences to the prevention, alleviation, and cure of disease.

For more than two thousand years the two have been linked together by indissoluble bonds. If one has progressed from the most crude jumble of vain, useless, and fanciful speculations, to the form of compact and demonstrative sciences, illuminating and advancing in a wonderful degree almost every human art and employment, so has the other. The same rigid, demonstrative system of investigation, aided by the same instruments and resources, is now being applied to both. And, we may add, with just feelings of pride, that in all ages, the most renowned cultivators of all the sciences have belonged to the ranks of our profession. This, however, results legitimately and necessarily from the fact, that a proper study of man in health and disease, is but the climax or crowning point, reached with facility, only, through a study of all the rest. It is true that medicine has its crude and fanciful offshoots, called *isms* and *pathys*, which cling to it like, here and there, a withered branch to the green and sturdy oak. And the same is equally true of every other branch of science. Thus, if Hanne-man drew so largely upon a fertile imagination as to persuade himself that almost all diseases originate from the *itch*, and are to be cured only on the single fanciful principle of *similia similibus curantur*; so did Metcalfe give to the admirers of general science two ponderous *tomes*, to prove that caloric is the great and only motor power of the universe, causing alike the sublime move-

ments of the spheres, the minutest oscillations of the microscopic animalculæ, and constituting even the principle of life itself. If Preissnitz has astonished the fashionable world with the pretended virtues of cold water, so have the necromancing performers on mesmerism, psychology, and biology, bewildered and confounded learned professors of theology, philosophy, and natural sciences. And even the most selfish and secular employments of life are not free from equally fanciful delusions, as is well illustrated by the fact that a prominent moneyed institution in the midst of this enlightened city, has seriously attempted to conduct its daily business in strict accordance with pretended revelations from the "spirit" world, with silly women for mediums of communication. But if the insane "spiritual" system of banking developed in our midst, has left the fixed and well known principles of exchange and laws of trade undisturbed; if the sublime but visionary speculations of Metcalfe have left the laws of gravitation and the movements of the universe as Newton found them; so have hydropathy and homœopathy failed to remove one stone from the broad foundations of medical science. The truth is, that quackery exists in every department of science and industry, and is the legitimate and necessary result of systems and modes of education, that develop unequally and irregularly the higher faculties of the human mind. Such unequal and irregular mental developments will ever produce erratic geniuses, who will bear the same relation to the great mass of cultivated mind, that the meteors and shooting stars do to the rest of the planetary system. They may *dazzle* by their brilliancy, or throw a gleam of fitful light across the mental heavens, as they rush madly from their appropriate spheres, but they leave only thicker darkness behind.

Such, gentlemen, are my views of the nature and relations of the broad field upon which you have now entered. Let us next inquire, whether its honorable cultivation is attended by difficulties or dangers; whether its broad surface is one vast and sunny plain, on which gems and flowers in endless variety and beauty greet us at every step; or whether these latter are only seen here and there peeping out amidst such rugged rocks, towering cliffs, and dark ravines, as to make the toil and danger incident to their possession outweigh the value of the treasure when obtained. Alas! I fear

the latter has been, and will be, the conclusion arrived at by too large a proportion of our professional brethren.

The first difficulty that meets the physician as he steps over the threshold of the profession, consists in the very extent of the field to be occupied, and the protracted period of labor required for its cultivation. Hence, many, after proceeding just far enough to gain the summit of some minor eminence, where they can gain a partial view of the surrounding landscape, shrink from the further prosecution of their task, and either content themselves with their present position, or turn aside to employments less laborious, and more productive of mere pecuniary gain.

The second difficulty consists in a want of preparation on the part of the individual essaying to study and practice the healing art. Not a few find themselves within the pale of our profession, with so defective a preliminary education that they are wholly incapable of perceiving either the extent of the field upon which they have entered, or the materials and conditions necessary for its successful cultivation. To such, the relations of man to the almost endless variety of agents capable of acting upon him, and to the vast chain of animated nature, are veiled in impenetrable obscurity. Such are like the husbandmen of some barbarous countries, who are destitute of the very implements necessary for the successful prosecution of their labor; and are hence required to delve for years with a rude spade, on a spot of ground which the enlightened agriculturist, with his modern plough and harrow, would cultivate much more effectually in a single day.

A third difficulty arises from that inordinate thirst for pecuniary emolument, which so often gains the ascendancy over every purer and nobler impulse of the mind, and effectually prevents that earnest and unceasing devotion to study which is necessary to command success. When this difficulty is connected with that unequal or erratic development of the mental faculties, to which I have already alluded, it almost inevitably leads to some one of those vulgar and dishonest artifices or tricks to attract attention and increase the pecuniary resources, which have so often disgraced members of our profession, and not unfrequently seduced them into the adoption of whatever *pathy* or *ism* seemed most popular at the time.

And still another difficulty is found in the great amount of igno-

rance that exists in every circle of human society, in regard to everything relating to health and life; and consequently, the frequent failure to appreciate, in any adequate degree, those exhibitions of genuine skill and high attainment, that have cost the exhibitors years of the most careful and profound research. Indeed, there can be but few things more seriously disheartening to a cultivated and ambitious mind, than to find his most anxious and faithful attentions regarded as scarcely more valuable than those of the boastful and ignorant pretender, who often treads with bold and reckless step where even angels would enter with fear and trembling.

I must hasten, however, from this branch of my subject, lest you gain the impression that the professional field before you is little better than a barren desert covered with rocks and brambles, without a single gem to enrich, or a flower to beautify its surface. Notwithstanding all the difficulties to which we have alluded, and many more that actually exist, the science and practice of medicine presents, at once, the most fertile, varied, and interesting field of labor open to the possession of man. To the lovers of pure science, its departments of descriptive and microscopic anatomy, physiology, and medical botany, furnish subjects of most thrilling interest and beauty. Within their limits are to be found the most gorgeous flowers that adorn the great garden of Nature; the most wonderful views of the intricate structures, wholly invisible to the unassisted eye; the most ingenious combinations of mechanical powers, constituting the most complex mechanisms, and yet working with all the harmony that characterizes the simplest operations of Nature. To the lovers of the more speculative and philosophical themes of study, the same branches present the *mind* with all its varied and sublime powers, its almost boundless capacity for expansion and improvement, and its mysterious union with matter in so close a relation that *thought* is made to beam in the eye, linger on the tongue, and simple *emotion* to thrill, like the lightning's flash, even the remotest microscopic fibre of the material frame. To the lovers of the practical and useful, the utilitarians of the present day—even to that class who stoically meet every proposition with the exclamation, *Cui bono?* What good?—the practical application of all the knowledge that can be gleaned from

the whole vast range of human sciences, to the most desirable and useful of all purposes, namely, the maintenance of health and the cure of disease, cannot excite any other feelings than those of intense interest. To the philanthropist, the genuine lover of God and man, the access which our profession gives to the hearthstones and the hearts of the poor, the unfortunate and the erring of our race, and the ample and varied means it furnishes for soothing alike the pains of the body and the agonies of the mind, makes it, at least, equal in importance to any other earthly pursuit. While to the true statesman and legislator, whose aim is to promote the civilization, advancement, and happiness of man, more than the gratification of a personal and selfish ambition, the study of our profession can alone furnish that knowledge of the causes of disease, which will enable him to adopt such measures as will judiciously regulate the sanitary condition of towns and cities, promote the public health, and preserve the lives of citizens.

Having thus surveyed, rapidly and hastily, it is true, the ample field upon which you have entered—pointed out its nature, relations, difficulties, and objects—it only remains for me to ask you individually and collectively, whether you are prepared to prosecute its cultivation with that persevering industry and high resolve, that will result in an abundant harvest of honor to yourselves, honor to your Alma Mater, and justice to the communities in which you may live? If any of you have chosen the profession of medicine merely as an honorable mode of gaining a livelihood, or for the pecuniary emoluments which its practice will afford, I advise you candidly to lose no time in retracing your steps, and choosing some other pursuit. Not, however, from any sentimental idea that the practice of medicine is exclusively a *benevolent* pursuit, or that its devotees should be regardless of all pecuniary considerations. No. The maxim, that "the laborer is worthy of his hire," is as applicable to the physician as to any other member of society. It is true, that he, perhaps more than any others, should be kind to the poor, and lenient to the unfortunate; but of those who are able, he should be as rigid in requiring his pay as other men, and for this if for no other reason, that he may be the better able to be kind to such as have none of this world's goods. I advise you thus, however, because even under the most favorable

circumstances, the pecuniary emoluments of the physician bear no adequate proportion to his labors by day and by night, his exposures in the midst of pestilence and death, and the vast responsibilities imposed on him. In view of these things, the men who dig our canals and ditch our prairies, are far better remunerated than the most renowned physician in our prosperous and comparatively happy country.

But, gentlemen, if you have chosen this profession from an ardent love for those branches of science that constitute its broad and ample foundation, or from a pure and noble desire to spend life in applying the knowledge derived from the study of these sciences to the holy purpose of alleviating the sufferings of your fellow-men—or from both these motives combined—then I most cheerfully bid you God-speed, and again welcome you as co-laborers in this our own chosen vineyard. For, if excited to action by such motives, I should feel confident that you will not only gain for yourselves a pecuniary competence, which is all that we can enjoy, but your career will be such that you will leave the world better for your having lived in it.

One thing more, gentlemen, and I have done. When the business-man of honor procures the signature of his neighbor to enhance his own credit, or afford additional security to the capitalist, he feels under the strongest possible obligations to return that signature uninjured to its generous owner. I see in the hands of each one of you, a scroll, and on that scroll you have the names of my colleagues and myself. You have procured them as your professional endorsers, emphatically to give you additional credit with the world, and are hence under the most sacred obligations to maintain that credit, and consequently the names linked with it, unsullied by a single stain up to the very end of life. If, in the midst of the toils and cares, and, it may be, the misfortunes and even poverty that await you in life, the vicious heirs of worldly wealth should hold out to you their tempting bribes, or the numerous dishonorable artifices sometimes practised with temporary success by others, should suggest themselves, remember that your conduct involves not your own honor only, but also that of your professional endorsers, and of all your professional brethren; and, remembering these things, turn from the temptation as you would

from the venomous reptile. The physician, more than any other member of society, is admitted not only to the family fire-side and the heart, but often also to the most confidential relations of individuals and families. For this reason, if for no other, his own life should be an example of such spotless purity, as to stand a perpetual rebuke to the vicious, and an equally perpetual encouragement to those who do well.

If, in giving heed to these precepts, you should occasionally see the unprincipled and vicious spring up, and, for a time, "flourish like the green bay-tree," be not discouraged or envious, but wait patiently, and in a little time you shall seek for them and they will not be found. In a word, ever keep in view the great truth, that, temporally speaking,

"It is not all of Life to live,
Nor all of death to die."

The period allotted to men here, is, indeed, brief; and its days flee like the mists of the morning. But there is a life, the days of which are not numbered; and there is an existence where every virtue shall receive its full reward. Hence it is only the dictate of common prudence and reflection, that the true end of all our toil here is to secure the bliss of an endless life hereafter. Therefore, there is no fanaticism in the remark, that it is infinitely better to be followed to the grave by weeping widows and orphans, who shall exclaim, as they turn from the humble mound, that a *good* man has fallen, than to have our last resting-place marked by a towering and gilded monument, erected from the wages of iniquity. With these admonitions, young gentlemen, we bid you go, with an earnest prayer that you may be a blessing to yourselves and your race.

The whole wide world is before you; and whatever spot you may select as your own particular field, remember to cultivate the kindest feelings of friendship and sympathy for your brethren engaged in the same arduous calling.

Remember, too, that sentiment so beautifully expressed in our national code of Medical Ethics, that, "on emergencies for which no professional man should be unprepared, *a steady hand, an acute eye, and an unclouded head* may be essential to the well being, and even to the life, of a fellow creature." —*Farewell.*

ART. II — *Case of Colica Pictonum, resulting from the use of Lead Plaster.*

By C. A. HATHWELL, M.D., of Virginia, Ill.

THE latter part of March, 1852, I was called upon by H. E. W., and requested to examine his "sore leg", stating that he had used "everything and nothing would cure it up": he removed the bandages and exhibited an extensive ulceration of the Tibia in a foul, dirty, and irritable condition.

He informed me that he had been afflicted with it a long time, and wished I would "heal it right up." After examination I ordered him to wash it perfectly clean with warm water and castile soap, apply a solution of nitrate of silver, then poultice it, to keep the leg inclined and at rest till I saw him again; all this he made objections to, upon the grounds of wishing to "go to no great expense, as it had been bad so long;" he further remarked, that as he had to break up ground and go to ploughing, he only wanted "summut" to keep the dust and dirt away from it. Seeing him determined to prescribe for himself, I told him to wash it, gave him a quantity of emp. plumbi, with directions, and he left the office.

I saw no more of him till July, when I was summoned to attend him. He was in bed on my arrival; I found him with much gastric derangement, obstinate constipation, nausea, languor, constant thirst, great anxiety of the countenance, pulse quick, tenderness of the abdomen, pain about the umbilicus, &c. From the symptoms, I judged it a case of Lead, Painter's, or Devonshire colic, as described by authors. I pursued the following treatment: \mathcal{R} Pulv. opii gr. viii Hyd. Mur. Mit. \mathfrak{z} ij. M. Div. in Pulv. No. iv, one every three hours, or until subsidence of abdominal pains, to apply flannel clothes wrung out of hot alcohol, and to be followed up with a full dose of oil and turpentine. Saw him again next day, was somewhat relieved, but had no operation on the bowels, ordered an injection of infus. Sennæ; this produced the desired effect, and afforded my patient much relief. During my visit I enquired of him how his sore leg progressed? he answered that it was not much, if any, better than when I had seen it in March. I examined it, and found it in a highly irritable and inflamed state, and still covered with the lead plaster as I had ordered four months previ-

ously. I directed him to wash it and apply poultices; in a short time he regained his general health, and I ceased attendance on him.

I heard nothing of the patient till November, when that nocturnal "hollo!" so unpleasant to the ears of a physician, one night admonished me to arise. Having but just recovered myself from a severe attack, I very reluctantly abandoned my downy pillow and obeyed the orders of the messenger, who again summoned me to H. E. W. On questioning him, I observed that he was suffering under the same, or nearly the same, symptoms as previously. The pain in the abdomen, the costiveness, the bent position of my patient &c., enabled me to form my diagnosis and I treated the case accordingly. Being the first case of Colica Pictonum I had seen in Illinois during a residence of ten years, I was somewhat curious in my inquiries respecting its origin, but received no satisfaction from the patient himself. I then examined his ulcerated leg, and found him truly faithful as regarded the application of the diachylon; there it was, and had been ever since I had formerly ceased to visit him. It now occurred to my mind, that the protracted use of the lead plaster might possibly be the original source of his complaint, so I immediately ordered its discontinuance.

To be brief, the case readily yielded to appropriate remedies, and he recovered in due time; he peremptorily refused to have anything done for his leg, observing that he had "tried all the Doctors and none of 'em could'nt do him no good." He has had no return of the disease up to the present time (February) and has relinquished the diachylon. In my own mind, I am fully satisfied his complaint was produced by the long continued application of the Emp. Plumbi, but how? by absorption? or the result of decomposition?

ART. III. *Epidemic Dysentery*, by J. B. EVANS, M. D., Frankfort, Ross Co., Ohio.

FROM some unknown cause, epidemics locate themselves in certain districts, when contiguous ones are comparatively healthy.

In this village, and in the neighborhoods to the south and west, we suffered a severe epidemic dysentery the past season, commencing early in July and ending with the approach of winter. A portion of this district is in a malarious locality; but a great

proportion of it is hill land and not subject to that influence. But in neither did malaria seem to have any control over the disease.

The disorder was virulent and fatal, giving but little heed to age or sex, but was more fatal with children of from one to three years old. During the prevalence of the epidemic, the weather was unusually cool for the season, and every new accession of coldness seemed to renew and increase its severity. The depressing influence in the disease was very strong, with a typhoid tendency.

The stomach in most bad cases sympathised, and we had to contend with severe and protracted enemies. The retching was very frequent, and sometimes unabated for two or three days together. The ejections were usually small, not exceeding from a tea to a table spoonful at a time of whatever the stomach contained. This was hard to control; and, when added to an almost constant griping, it will readily appear how so many cases proved fatal.

The usual discharge from the bowels was bloody mucus, and in many cases with a preponderance of blood, so as almost to amount to a hemorrhage. Hence, we had to contend with extreme prostration, and that putrid typhoid condition which every practitioner would wish to avoid. A profuse discharge of a serous appearance would take place. This I at first regarded as unfavorable, but it was not the case. And in families where there were a number of cases, it was not unusual for the nurse to say to me that the patient will soon be better, for he has had that beef-brine-looking stool: and I generally found it to be the case. No doubt this was by disgoring the lower intestines of the excessive congestion in their coats. During the prevalence of the flux, but few entirely escaped its influence, and affairs were distressing in the extreme. I am sorry there was no autopsy had. I intended to make such an examination, but a severe attack in my own person prevented me.

I will make a few remarks on the treatment; but the chief point I wish to press is, nourishing the patient in the course of the disease.

Bleeding was not admissable, for the symptoms were typhoid from the onset.

Emetics would sometimes control the vomiting stage, and prove very beneficial.

Blistering and cupping, with the use of sinapisms, were useful in removing local congestion. But blistering had to be used with much care on children, owing to the putrid tendency of the disease. Fomentations over the stomach and bowels did much to alleviate the patient's suffering.

Cathartics were used only with the greatest care. A mild mercurial course sometimes did good. But the mildest laxatives in general could be used, and even these with care. In many, no cathartics of any kind were used, and the cases did well. Here one thing is worthy of a remark. Epsom salts, if used, almost certainly brought on the vomiting stage, which, with care on the part of the medical attendant, could generally be avoided. I know that this opinion of the use of epsom salts in the treatment of dysentery, is in conflict with the generally expressed opinion; but in the epidemic of which I speak, it was the case.

After all is said, opium is the boon. I say *Opium*. It cannot be pressed too strongly. Sulphate of morphia seemed to be the best form. Without it the suffering of the patient was insupportable; he would die of actual pain. Providence is kind in giving us such a cordial for our sufferings. In many cases the amount of morphine used was very great. In my own case, my attending friends gave me within a pittance of a dream, in four weeks; the nervous irritability was so great that the strictest quiet, and the constantly soothing effect of opium was the only alternative. In these extremely nervous cases all treatment was useless, unless the strictest quiet was observed. Too many persons are allowed in the sick room. We should not let delicacy towards the friends of our patients interfere with our duty in this matter; for we are accountable for his life, so far as he is within the reach of means in our power.

Nourishment. The duration of an epidemic attack, is usually beyond the starving point, and on this account, if no other, would arise the necessity for food. The starving plan of many of our professional brethren, I hope will be abandoned. Our diseases are becoming more grave and protracted, as the country becomes older and more densely inhabited. I have seen nothing more marked than the good effect derived from food in our scourge of dysentery. Nourishment was necessary from the commencement to the close of an attack. Even when the patient had no relish, and his feelings forbade him eating, he would be much better and suffer less

after taking suitable nourishment. In many of the worst cases, the nervous system was completely unstrung, and having a constant griping, the horror produced is indescribable, except to the sufferer, who has felt it in his own person. The suffering was little short of a *fundamental* fire. In short, opium, quiet, and a judicious nourishment were the great essentials in our epidemic. It was necessary to persist in a well selected and oft repeated nourishment, without which the fabric would fall, and I am satisfied that by its neglect many did die.

ART. IV. *Rapid Growth and Spontaneous Expulsion of Hydatids from the Uterus*, by Dr. JAS. PRENTICE.

I WAS called on the morning of the 19th January, '53, to see Mrs. C——, aged 19; found her with the usual symptoms dependent upon repeated hemorrhage, and having regular uterine contraction with hemorrhage. The history of her case, as near as I could learn, was as follows: She had menstruated regularly up to the month of October last, when the catamenia ceased, and the usual symptoms dependent upon gestation set in; and, for the last two months, she had noticed a rapid enlargement of her abdomen, and during that time she had repeated hemorrhage from the uterus, usually occurring at night; had felt occasional movements of the womb; had difficulty in passing urine; but had no pain simulating that of uterine contraction until the night previous to my being called.

Upon placing the hand upon the abdomen, the contour of the uterus could be distinctly felt through its parietes, the fundus being as high up as the umbilicus. An examination, per vaguum, revealed nothing except the descent of the uterus into the cavity of the pelvis. Ordered her to be kept quiet as possible, with her head low in bed, *R* plumbi acetatis, gr. 3. Visited her again at noon; symptoms the same as in the morning, with the exception of a slight moderation of the hemorrhage. Continued the acetate of lead, alternating with tannic acid. During the afternoon, the uterine contractions increased in frequency and force, and towards evening the os incae became dilated, and upon examination a soft pulpy mass presented, easily penetrated with the fin-

ger; detached portions soon began to pass at each contraction of the womb, and the hemorrhage became alarming. Gave ergot, and ordered gentle manipulation over the abdomen.

In the course of half an hour the whole tumor was expelled, and was composed of hydatids intermixed with a substance resembling coagulating lymph. The last portion that was expelled resembled in shape, color and tenacity that of healthy liver, and seemed to serve as a nucleus for the attachment of hydatids. The tumor I should judge must have weighed six or seven pounds, as I carefully removed the separate portions as they escaped from the vagina and placed them in a vessel by themselves, and the clots of blood in another. The hemorrhage subsided. Applied a bandage to the patient as after child-birth, and left her for the night, after enjoining upon her the necessity of carefully maintaining the horizontal position.

20th. Found the patient comfortable, though very weak. Has since had slight fever, but is slowly convalescing.

One remarkable feature about the case is, the rapidity with which the hydatids were produced, for, judging from the history of the case, they could not have been more than four months in accumulating.

Fort Winnebago, Feb. 7th, 1853.

ART. V.—*Uterine Hemorrhage controlled by Pressure on the Aorta.* By M. G. PARKER, M. D.

Mrs. M. was confined with her seventh child, December 14, 1852; nothing unusual attended the labor, which continued only about four hours. She was delivered of a large, healthy child, and immediately requested me to hurry and put her to bed, as she always wasted so bad. I proceeded to remove the placenta in about ten minutes, but before I got it entirely removed, I discovered she was losing considerable blood; I placed her in bed and applied a bandage, and the hemorrhage ceased for a short time, but in about ten minutes she called out to me, and said she was flooding to death; I went to the side of the bed and placed my finger on her pulse and it was nearly extinct. I proceeded to apply some cloths, dipped in cold water, to the abdomen, and gave some Act. Plumbi

and Alum, and had some water heated, and prepared some Decoct. Ergot, but before this could be done she had fainted twice, and at this time I could feel no pulse at the wrist; I then thought of what Prof. John Evans told the class last winter, in regard to using pressure upon the abdominal aorta. I placed my fingers as firmly on the aorta as I could, and I could feel it pulsate; in about one minute the wasting in a great measure ceased; I held on about twenty minutes, and she by this time being somewhat recovered, we gave some ergot and I removed my hand in a few minutes after, but before the ergot commenced acting she was on the brink of fainting again, and said she was wasting as bad as ever. I applied my finger, so as to make a kind of fork, over the artery, and the hemorrhage ceased instantly; I began by this time to have considerable faith in the remedy, as well as the friends of the lady; I therefore kept my hand on the aorta until the ergot commenced acting, but it did not act very strongly until I removed my hand; I suppose this was owing to the circulation being almost cut off from the uterus. She complained of her right leg very much, and it was some time before it resumed its natural feeling and temperature. I am quite certain the pressure saved the lady's life.

SELECTIONS.

From the Pharmaceutical Journal (Eng.)

On some of the more Important Chemical Disinfectants. By George Wilson, M.D., F.R.S.E., Hon. Member of the Pharmaceutical Society of Great Britain.

(Concluded from last No.)

3. *Chlorine*.—Of chlorine, which is at present the favorite disinfectant, it is needless to speak. Its peculiar power of decomposing combinations of hydrogen gives it, in one respect, a superiority over nitric acid, which does not decompose many of the gaseous hydro-carbons; but it should not be forgotten that it is only in the presence of light that this action of chlorine is fully displayed, so that its disinfectant influence is comparatively small in the case of dark or ill-lighted apartments, such as underground cellars, the lower cabins, or the hold of a ship, which are the very places where disinfectants are often most wanted.

4. *Aqua Regia*, as uniting the properties of nitric acid and of chlorine; each of which has peculiar virtues, the former in particular being a powerful oxidizing agent, the latter possessed of a great decomposing action over hydro-carbons, appears entitled to a high place among disinfectants. It can be cheaply procured by pouring oil of vitriol on a mixture of nitre and common salt, or by heating a mixture of nitric and muriatic acids.

One of the most rapid and effectual methods of disinfecting a large empty apartment such as an hospital ward, would be to place in one corner a vessel containing the materials for chlorine, such as oxide of manganese, common salt, and oil of vitriol; and in another corner a vessel containing nitric acid and a few fragments of copper, so as to evolve nitric acid, which would spread through the apartment and form nitrous acid there, oxidizing everything oxidable which it contained, whilst the chlorine specially attacked the hydrogenous compounds. The walls might then, if necessary, be lime-washed, with a view alike to destroy any adhering organic matter which had resisted the action of the gases, and to neutralize any traces of free acid.

5. The last of the disinfectants proper to which I refer is the singular substance ozone, which has a special interest, as being in all probability the great natural disinfectant. Its nature is still matter of speculation. Schonbein, its discoverer, regards it as a peculiar oxide of hydrogen; Berzelius and Faraday represent it as simply oxygen in a peculiar (or allotropic) state of modification; it has been suggested that it is an oxide of nitrogen; and quite recently M. Fremy has affirmed it to be what he calls "electrized oxygen,"—i. e., oxygen modified in properties by the action of

electricity upon it; a view not materially differing from that of Berzelius and Faraday. There are difficulties in the way of all these views, into which it is not necessary to enter. All that concerns our present subject is that, by different processes a substance can be developed in the atmosphere which possesses remarkable disinfectant and oxidizing properties. The oldest known method of producing the so-called ozone, is the exposure of air to a stream of friction or high tension electricity. Its odor may always be recognized in the neighborhood of an electrical machine whilst at work. Another method is the galvanic decomposition of water, when the ozone accompanies the evolved oxygen. A third, and the most convenient method on the small scale, is the exposure of phosphorus in moist air. By these processes and by certain others, air is made to acquire a striking power of oxidizing, bleaching, deodorizing and disinfecting. We cannot doubt that every thunder-storm develops some ozone, and other processes also probably produce it. At all events the atmosphere frequently exhibits an oxidizing and bleaching power, at other times absent, which Schonbein, Faraday and others, attribute to the development of ozone within it.

No one who has experimented on ozone will doubt its potency. I refer to it here because there are so many reasons for believing that it is the agent which prevents the accumulation in the atmosphere of volatile organic bodies, by converting them into water, carbonic acid, nitric acid, and ammonia, that we cannot avoid looking hopefully to it as destined to prove our disinfectant *par excellence*. Certain as we are that for thousands of years miasmata, malaria, poisonous effluvia, and every gas, vapor, and volatile body developed at the surface of the earth, must have found their way into the atmosphere, and that nevertheless its purity is not sensibly affected, we must regard the constituent or condition of the air, which has secured its purity during centuries, as one demanding special study. Further this constant process of disinfection has not interfered with the respiration of animals, so that we may fairly regard ozone as a substance applicable as a disinfectant in places occupied by human beings or by the lower animals. It is true that the power of producing influenza or catarrh has been attributed to ozone in excess; on grounds, however, almost entirely speculative. This view may or may not be true; but of this I am quite certain, that the well-known impunity with which electricians expose themselves for hours together to the action on the atmosphere of large friction machines, which the dullest nostril can discover to be producing abundance of ozone, is enough to show that a large impregnation of the air with this substance, neither affects respiration nor produces catarrhal affections. We ought, therefore, I think, to give special attention to ozone. It is not likely that we shall be long without discovering new processes for

its production. It will be specially valuable for what are the most important, and, at the same time, the most difficult occasions for disinfection—namely, where human beings cannot be removed from infected apartments. Examples of such cases are found in a large ship at all times, and still more when its crew and passengers are attacked by disease; in the wards of an hospital, from which the sick cannot be taken; and perhaps most strikingly in a large factory, where hundreds of persons assemble daily together, many of most uncleanly habits, and at epidemic seasons fresh from infected rooms, whilst the apartments contain valuable metallic machinery, and fragile silk, cotton, linen or wollen goods, which interpose an additional obstacle to the free employment of gaseous disinfectants. The condition of our ships as regards ventilation and wholesomeness is proverbial; and on inquiry of residents in Manchester and Glasgow, I find that where disinfection has been attempted in factories—which it rarely has—it has consisted in sending a man once a day through every room with a quantity of blazing pitch, which was supposed to fumigate into purity the atmosphere, whilst it set all the work-people coughing.

How difficult it is to prevent the spread of erysipelas, gangrene, fever, and the like in hospitals, every medical man knows too well. Ozone at least deserves a trial as a disinfectant in such cases.

Antiseptics.—The only antiseptics to which I shall refer are two. The first is sulphurous acid: it is a powerful antiseptic, for it resists thoroughly the decomposition or decay of organic matter. In reality, however, it as much resists the development as the decay of organic bodies, and thus it doubly prevents the evolution of organic poisons. Dr. Christison long ago pointed out how small a quantity of this acid is sufficient to destroy plants. In the wine countries it has been used from time immemorial to prevent the souring or acetification of the lighter wines, when kept in casks partially filled. Professor Graham, who strongly recommends it as a disinfectant, draws attention to the fact that at Manchester the offensive effluvia of the cochineal dye-vats, which resist the action of chlorine and nitric acid, are at once destroyed by sulphurous acid. My own attention was directed to it from the employment of it on a large scale by paper-makers and others to secure the preparation of pure gelatine, a substance peculiarly liable to enter into putrefaction. Sulphurous acid can be easily prepared by burning sulphur, or by heating oil of vitriol, along with charcoal or vegetable matter. Its corrosive action is very slight; its disinfecting action very powerful. The sulphite of soda is now prepared in quantity at different chemical works. The addition of a stronger acid sets free the sulphurous from its salts. As to its mode of action, if we concur with Liebig in believing that morbid matters resemble ferments in being active, only whilst undergoing a decomposition which is mainly determined by the oxygen of the air, we

may suppose sulphurous acid to render the poisonous matter inert, by preventing its oxidation. This acid, moreover, is a powerful deoxidizing agent, and it may be by removing oxygen from organic poisons, that it renders them inert, by decomposing them.

Further, sulphurous acid can combine with certain elements of organic bodies, as we see in its temporary bleaching action on vegetable colors; and it may be thus that it neutralizes morbid matters. In one or other or all of those modes, this agent may act as a disinfectant; but at all events its action is very powerful, and it deserves much more attention than it has received.

The only other substance to which I shall at present refer, is pitch oil, one of the products of the distillation of tar. It is an antiseptic of the most powerful class, and very cheap, and if not used in excess it is applicable as a deodorizer, but its own strong tarry smell interferes with its extensive use.

From the Boston Medical and Surgical Journal.

Oxalic Diathesis—Oxygenated Bitters.

To the Editor of the Boston Medical and Surgical Journal.
—DEAR SIR,—Dyspeptic invalids often put the inquiry to you, doubtless, as they do to other physicians—"Will it do me any good to take the Oxygenated Bitters?" I propose to make a suggestion as to the class of patients who are benefited by this popular nostrum, and to state what I suppose to be the cause of its usefulness. If in doing this, I can withdraw it, even in the minds of a few, from the list of the secret agencies of hocus-pocus, and transfer it to that of comprehended therapeutic remedies, acting upon rational principles, something will be done, worth, at least, the trouble of tracing these lines.

There is a large class of dyspeptic patients who suffer greatly with depression of spirits. They generally have the dark and dingy look of the face which indicates functional derangement of the liver. They are usually emaciated, nervous, hypochondriacal, fearing consumption. They are irritable in temper, seem incapable of exerting themselves, and are exhausted by an excessive secretion of urea. The urine of such persons is always acid, and loaded with crystals of oxalate of lime.

I find among the numerous persons I am treating for diseases of the air-passages, that many of them suffer with depression of spirits; and these all have a deposit of oxalate of lime in the urine. This fact, which has been observed by others, has been explained by supposing that the imperfect oxygenation of carbon in inflamed respiratory organs, is vicariously effected in the capillaries of the kidneys—oxalic acid ($C_2 O_2$) instead of carbonic acid ($C O_2$), being the result.

There is another class of persons who suffer much from the

oxalic diathesis. It consists of lawyers, clergymen, statesmen, and, in general, those who labor hard mentally with but little bodily exercise, and who have a great weight of care resting upon them.

The crystals of oxalate of lime are octahedral in form; and, in the field of a good microscope, are beautiful objects of inspection. To obtain them, take a portion of *urina sanguinis*, and let it stand till a deposit takes place. Pour off the upper portion of the urine, put a part of the remainder in a watch-glass, and gently heat it over a lamp. The heat will cause a deposit of the crystals.

The proper treatment of the form of disease here described—a treatment to which it generally yields—is the following:—A careful regulation of the diet, and out-door exercise, with the use of small doses of blue pill, and nitric acid (which is better), mixed with the compound infusion of gentian.

The main part of the treatment is the acid; and I am confident—though I am not aware that any chemical analysis has been made—that the “Oxygenated Bitters” are composed chiefly either of nitric acid, or nitro-hydrochloric acid in the form of *aqua regia*. It is this principal component, I have little doubt, which has given this nostrum its success in the form of dyspepsia here spoken of, and which has brought so many certificates to the proprietors from that class of persons, including statesmen and others, whom I have mentioned as having oxalate of lime in their urine.

Winter Place, Boston, February, 1858. IRA WARREN.

From the Medical Recorder.

On Writing Prescriptions.

The following remarks were suggested to us upon observing the subjoined Prescription among the transactions of the Berks County Medical Society, as presented to the Central Society of the State of Pennsylvania. Special attention was invited to this report, as the most valuable one of the year, by the Central Publishing Committee:

R—Hydrochlor. ammoniæ,	ʒij
Magnesiæ Sulph.,	ʒvj
Ant et Potass. Tart.,	gr. i
Syr. Acid. Citrici,	ʒss
Aquæ,	ʒiv

The prescription was administered in scarlatina for the purpose of producing diaphoresis, and, as we suppose, general relaxation of the system—at least, the ingredients, separately taken, are calculated to produce these effects. But the merest tyro in pharmacy must perceive that the whole is a forrago of incompatible substances; the first two would mutually decompose one another—a large portion of the Epsom Salts being converted into the Chloride

of Magnesium, and all the Sal Ammoniac into Sulphate of Ammonia. Then, again, the last two would, by their reaction, convert the Tartrate into the Citrate of Antimony, and this would still be incompatible with the resultants of the first decomposition. What might be the ultimate resultants when all the decompositions and recompositions caused by compounding these discordant elements had taken place, it would puzzle a much more practiced chemist than ourselves to determine—certainly nothing which was present to the mind of the Physician when he made the prescription.

The effect intended, we are informed, was produced, probably from the presence of some salt of antimony—nearly all the salts of that metal having a diaphoretic virtue; and probably the whole mixture would have been more efficacious if everything had been left out except the antimonial and the water.

Two inferences shall here be drawn from the premises—

Firstly. Physicians ought to know *a little* about chemistry. *A very little indeed*, would be necessary to preclude such glaring blunders as the above.

Certainly, we have a Professor of Chemistry attached to every one of our Medical Colleges, who teaches the students through two sessions, and examines them upon their proficiency afterwards. Here is the apparatus for securing the Profession against incompetency of this character. It is equally certain that, wherever the defect may be in its working, the apparatus does not produce the objects intended—that by far the majority of the countless hordes of graduates who are every year issuing from our universities, know not chemistry enough to secure themselves from becoming the laughing stock of the first intelligent apothecary's apprentice to whom they may send an incompatible prescription. But this is the business of those who have the power to prevent it. Let us proceed to infer

Secondly. Whether they understand chemistry or not, physicians, especially young ones, would do well to simplify their prescriptions. Those who do not know chemistry, will thereby avoid exposing their ignorance, not to mention the risk of neutralizing one ingredient by another incompatible with it; while those who do, will be able to study their own practice in medication, with some prospect of knowing which of their remedies has produced a given effect. We think it will be found that a gradual simplification of prescriptions has been observing a progress exactly parallel with that of enlightenment in medical science. In the recipes preserved from the practice of 200 years ago, thirty ingredients was a moderate number, and we find among them the brains of rats, the incinerated entrails of cats, the testicles of Guinea pigs, &c., &c.; and in the practice of even ten years ago, from six to ten is a moderate number of items; while the most successful practitioners of the present day have been more disposed to study the specific

operation of one medicine at a time, than to confuse their own observations by combining half an apothecary's shop in a prescription.

D. F. W.

From the American Journal of Medicine.

An Account of the Post Mortem Examination of the late Hon. Daniel Webster. By J. B. S. JACKSON, M. D., Prof. of Pathology in Harvard University. The emaciation was very marked, as shown by the state of the integuments and muscles; the latter being wasted, pale and flabby.

Abdomen.—The peritoneal cavity contained eleven pints of serum. There were also old and strong adhesions about the spleen, the gall-bladder, the cœcum, and to a small extent between the left extremities of the arch of the colon and the parietes of the abdomen. The stomach was distended, and contained half a pint of very dark blood, about one half of which was in the state of a soft coagulum; and this was the only appearance that was found of coagulum in any part of the body. The mucous membrane was deeply stained by the contents, generally rather soft, and in the pyloric portion somewhat mamellonated. The intestines were opened throughout, washed, and fully examined with reference to the diarrhœa that had so long existed. Blood was found throughout in very considerable quantity as far as the descending colon, below which there was no trace of it: in the large intestine it was altered as usual in color. Mucous membrane stained by the contents so far as blood extended. In the large intestine were numerous herniæ of the mucous membrane, so common in this situation; from many of these, small masses of fœces or of mucus could be forced out, and these were the only traces of fœces that were found. Otherwise, the mucus membrane of the intestines appeared quite healthy; there being nowhere any ulceration to explain the diarrhœa, or ecchymosis connected with the hemorrhage. The liver was, throughout, very markedly granulated; dense, and contracted in size; the color externally was greenish or bronzed, but internally everywhere of a pale red, showing, as we may not unfrequently observe, the inappropriateness of the term "cirrhosis," which would generally have been applied to the present case. Weight of the organ, three pounds and one-third, avordupois. Bile in the gall-bladder nearly black, and of a very tarry consistence. Spleen small, pale, and shrivelled. Investing membrane to some extent opaque, white, thickened and condensed; this change being probably due to the old peritoneal affection. Kidneys and pelvic organs healthy.

Thorax.—Old pleural adhesions over nearly the whole of the right side; none on the left. Lower lobe of the left lung, and the two lower lobes of the right much congested, and very dark; a change that undoubtedly occurred toward the close of life, being

simply passive. Heart flacid; very little blood in cavities, and this was quite liquid. Slight disease of aortal valves, but organ otherwise healthy. Foramen ovale; a small vavular opening existed. Aorta not ossified, except to a small extent in the abdomen.

Head.—The membranes of the brain were most remarkably diseased. In the cavity of the arachnoid was a layer of fibrine, which covered almost entirely and about equally the convexity of both hemispheres; it did not extend, however, beneath or between them, nor about the cerebellum. In the recent state, it had a rather dull, yellowish, infiltrated, cedematous appearance, being one-fourth of an inch in thickness over the upper surface, but becoming gradually more thin on the sides, where it terminated in a thin edge. The adhesion to the dura mater was in some parts quite close; but it was generally very readily stripped off, and left the arachnoid with its usual polish. It was more adherent to the sub-adjacent membrane, this last being irregular, and having generally a clouded and slightly opaque appearance, with many milk-white spots, but without any appreciable thickening. The quantity of serous effusion into the membranes was altogether large. The subarachnoid tissue corresponding to the layer of fibrine above described, was infiltrated with a straw-colored serum in some places, separating the convolutions from each other; this separation was quite remarkable at the posterior part of the right cerebral hemisphere on its upper surface and near the median line, there being also a slight depression at this part. The dura mater adhered firmly to the calvaria, but was healthy in structure, as were the membranes otherwise; there was, however, a serous infiltration into each plexus choroides; though no more, if not less than usual, into the lateral ventricles. No appearance of recent meningitis, and no effused blood or cysts in or about the false membrane. The brain itself was perfectly healthy, and the arteries at the base very nearly so. Cranium healthy. Over the right frontal region a scar existed, the result of the injury that occurred last May; integuments not otherwise remarkable. A portion of the fibrine from the arachnoid cavity having been removed for microscopical examination, it was found, some hours afterwards, and when the serum with which it had been infiltrated was absorbed, to have almost the consistence of one of the natural tissues of the body, being strong enough to bear considerable traction; it also appeared, then, to have somewhat of a laminated structure, and blood-vessels were distinctly seen in it with the naked eye. Dr. Wyman found it "organized, and, in some places, vascular. Under the microscope, the lymph was resolved into minute fibres, like those forming the white fibrous element of areolar tissue, and including in their meshes large numbers of minute granules."

Recapitulating the points of interest in this case, it will be observed that the immediate cause of death was hemorrhage from

the stomach and bowels. For this no source could be found in the lesion of any vessel; it must, therefore, be regarded as a simple exhalation, dependent upon a disorganization of this fluid, indicated, moreover, by the almost entire absence of coagulation. The relation of this hemorrhage to the disease of the liver will also be noted as coinciding with previous experience; it being well known, that, in certain cases where there is an altered action of this organ, there is a tendency to disorganization of the blood, manifesting itself thus in hemorrhage.

The morbid appearances observed in the cerebral membranes possess, also, very great interest in several aspects. It will be unnecessary to dwell upon the particular appearances carefully described above. A very full and clear description of these interesting forms of extravasation has been published by Mr. Prescott Hewitt, in the twenty-eighth vol. *Medico-Chirurgical Transactions of London*, and the appearances, in this case, coincide with those there described. Grisolle (*Pathologie Interne*, vol. i.) has also well described this affection, after the original descriptions of Serres, Baillarger, Boudet, and Prus, who were the first to call attention to this particular lesion. The case of Mr. Webster may be regarded as unique, however, in this respect, that no impairment of the power of the nervous system was observed before death: for although a few symptoms, such as his mode of locomotion, his sense of falling, and a slight hesitation of his speech, may now be remembered and connected with this condition, it will be sufficient to prove the entire absence of any suspicions of the kind during life to state that the brain would not have been examined at the autopsy, except for the desire of making the measurements, &c., recorded below. The connection of this meningeal hemorrhage with the cirrhosis of the liver will also give rise to interesting speculation; for although it is quite probable that the origin of the effusion should be ascribed to the accident in May, still, it is not unlikely to be remotely dependent upon the disorganization of the blood consequent upon the disease of the liver, since among Mr. Hewitt's cases there are some recorded where an effusion quite equal to this took place in connection with a cirrhosis, without any injury at all. It is possible, moreover, that the accident may not have been the cause of the effusion, which may have taken place since that time; but, in the presence of what would appear an adequate cause, it will be unnecessary to look beyond. In the treatment of the disease, attention was particularly directed to the duodenal obstruction, relief from which was obtained by the laxatives occasionally administered, and these, with opiates, were almost the only important medical agents.

The following very interesting account of the cranial cavity and brain, is furnished by Dr. Jeffries Wyman: The dimensions

of the brain, as indicated by the measurements of the cranial cavity, were as follows:—Longitudinal diameter, $7\frac{7}{8}$ inches; transverse diameter, $5\frac{3}{4}$; vertical, $5\frac{1}{2}$; breadth of occipital fossa, $4\frac{3}{4}$; breadth of frontal fossa, 5. The posterior reclinoid processes were seven-eighths of an inch in front of the centre of the cranial cavity.

The circumference of the head was $23\frac{3}{4}$ inches, and the distance from the meatus of one ear to that of the other, over the top of the head was 15 inches. The capacity of the cranium, determined according to the method adopted by the late Dr. S. G. Morton, of Philadelphia, was 122 (one hundred and twenty-two) cubic inches.

The substance of the brain was firm to the touch, and, as regards color and consistence, appeared to be healthy. The depth of the spaces between the convolutions was, on the vortex, seven eighths of an inch, and the "cortical" or gray substance, was three sixteenths of an inch in thickness. The corpus callosum, or the great cerebral commissure, was large, measured four inches in length from before backwards and at the central portion was one-fourth of an inch in thickness. The pineal body, as in the great majority of instances, contained calcareous concretions.

The weight of the brain, including the cerebrum, cerebellum, and medulla oblongata, as far as the lower extremity of the pyramids, was (in avoirdupois):

	Lbs.	Oz.	Dra.ms.	Grs.	Grains.
Brain (encephalon)	3	5	8	17.75	=23,424.0
Cerebrum - - -	2	14	7	14.09	=20,330.4

The measurements which have been given above are, almost without exception, of unusual proportions. The average length of the cranial cavity does not exceed six and a half inches; its transverse diameter is five inches, and the vertical a little less.

The cranial capacity was very unusual, the largest which has yet been recorded, though measurements in cubic inches have as yet been made by comparatively few observers. In Dr. Morton's tables of the measurements of 623 crania of different nations, including Caucasians, Mongolians, Malays, Americans and Negroes, only four instances occur in which the capacity exceeded one hundred cubic inches; of these the largest were one English skull, measuring 105, and one German, 114 cubic inches. According to Dr. Morton, the average capacity for the Teutonic family (including English, Germans, and Anglo-Americans) is 92 inches.

The two superficial measurements of the head were very nearly those of Cuvier, the circumference of whose head was 22 inches 4 lines (French,) and the measurement from ear to ear over the top was 15 inches. The circumference of Napoleon's head is reported to have been 23 inches.

The weight of the brain deviated much less from the average than the measurements; it was entirely out of proportion to the unusual dimensions of the cranial cavity. The average weight of an adult healthy male brain is $49\frac{1}{2}$ ounces, or three pounds $1\frac{1}{2}$ ounces avoirdupois. As has been already stated, there existed an effusion of serum into the subarachnoid areolar tissue, and of serum and lymph into the arachnoid cavity. The lymph had existed for a long time; it covered the convex surface of the cerebral lobes, was a quarter of an inch in its thickest portion, and extended to the sides, where it became quite thin. Both serum and lymph, there can be no doubt, encroached upon and occupied the space once filled with cerebral substance. The weight given above, therefore, cannot be regarded as being equal to the weight of the brain in a state of health. This last we now have no means of determining except by an approximation, which has been made in the following manner, in accordance with a suggestion by Professor Treadwell, of Cambridge.

The specific gravity of the brain is, according to Cruveilhier and others, 1030, water being 1000. A cubic inch of water weighs 252.5 grains, and 122 cubic inches (the cranial capacity) would equal 30,805 grains, to which must be added 3 per cent., or 924 grains, (the excess of specific weight of brain over water,) which gives 31,829 grains as the full capacity of the cranial cavity in weight for cerebral substance. The brain, however, does not actually fill the whole cavity; a correction must, therefore, be made for the spaces occupied by the tentorium, falx, sinuses, the dura mater of the calvaria, and the cephalo-spinal fluid at the base of the brain. If we deduct eight ounces for such spaces, we shall have an actual weight of 38,829 grains; or, if nine ounces are deducted, 26,891 grains. Taking the last approximation as the one the least liable to error of excess, Mr. Webster's brain will be found to rank among those whose brains are generally cited as instances of remarkable size, as follows:

	Lbs.	Oz	Drs.	Grs.	Grs	Oz
Cuvier,	4	0	5	10	= 28,147	= 64 $\frac{1}{2}$
Webster,	3	15	12	0	= 27,891	= 63 $\frac{1}{4}$
Abercrombie,	3	15	0	0	= 27,562	= 63
Spurzheim,	3	7	1	0	= 24,089	= 55 1-16
Dupuytren,	3	1	10	27	= 21,738	= 49 11-16

The brains, the weights of which (in avoirdupois) are included in this table, are not the only ones on record remarkable for size. In the table of Dr. Sharpey, already quoted, there are enumerated as weighing between 55 and 59 ounces, avoirdupois, inclusive, 28 brains; and between 60 and 65 ounces, 7. Nothing is said of the individuals from whom they were taken; of the two largest, one weighed 63 and the other 65 ounces; it is not improbable that

these were the brains of Abercrombie and Cuvier; 63 ounces being precisely the weight of the former. In making out the table, all instances with fractional parts were classed with the next integral number; and as Cuvier's brain weighed over 64 ounces, it would rank as 65 ounces. If this be not the explanation, then there is on record a larger healthy brain than that of Cuvier.

From the New Orleans Med. and Surg. Journal.

Binocular Microscope.

(From the Transactions of the Phys. Med. Society of New Orleans.)—At a meeting of the Physico-Medical Society, on Saturday evening, 2d October, Prof. J. L. Riddell called the attention of the Society to an instrument of his own invention and manufacture, which promises to be of incalculable advantage in microscopic researches, especially in the prosecution of microscopic anatomy and physiology.

He remarked, that he last year contrived, and had lately constructed and used, a combination of glass prisms, to render both eyes serviceable in microscopic observation. The plan is essentially as follows:

Behind the objective, and as near thereto as practicable, the light is equally divided, and bent at right angles and made to travel in opposite directions, by means of two rectangular prisms, which are in contact by their edges, that are somewhat ground away. The reflected rays are received at a proper distance for binocular vision upon two other rectangular prisms, and again bent at right angles, being thus either completely inverted, for an inverted microscope, or restored to their original direction. These outer prisms may be cemented to the inner, by means of Canada balsam, or left free to admit of adjustment to suit different observers. Prisms of other form, with due arrangement, may be substituted.

This method proves, according to Prof. Riddell's testimony, equally applicable to every grade of good lenses, from Spencer's best sixteenth to a common three inch magnifier, with or without oculars or erecting eye-pieces, and with great enhancement of penetrating and defining power. It gives the observer perfectly correct views in length, breadth and depth, whatever power he may employ; objects are seen holding their true relative positions, and wearing their real shapes. In looking at solid bodies, however, depressions sometimes appear as elevations, and vice versa, forming a curious illusion; for instance, a metal spherule may appear like a glass ball silvered on the under side, and the margin of a wafer may seem to ascend from the wafer into the air.

With this instrument the microscopic dissecting knife can be

exactly guided. The watchmaker and artist can work under the binocular eye-glass with certainty and satisfaction. In looking at microscopic animal tissues, the single eye may perhaps behold a confused amorphous, or nebulous mass, which the pair of eyes instantly shape into delicate superimposed membranes, with intervening spaces, the thickness of which can be correctly estimated. Blood corpuscles, usually seen as flat disks, loom out as oblate spheroides. Prof. R. asserted, in short, that the whole microscopic world could thus be exhibited in a new light, acquiring a ten-fold greater interest, displaying in every phase a perfection of beauty and symmetry indescribable.

From the New York Medical Times.

Wry Neck Cured Without Cutting.

THE success obtained in the following cases of Distortion of the Head, commonly known as Wry Neck, induces the undersigned to make them known to the profession, in order that the treatment employed, which it is believed has not hitherto been applied in such cases, may be fully subjected to the test of experience :

CASE FIRST.

Hester Higgins, a native of Ireland, aged 25 years, unmarried, was admitted into the New York Hospital on the 6th Nov. 1848, at which time she had suffered from rheumatism already about seven months; all the larger joints of the body having been successively affected. About four months prior to her admission, she suffered a relapse, after having nearly recovered, and since then she has experienced but little alleviation of her ailments. Her neck as well as most of her larger joints are painful, though not much swollen. Her tongue is slightly furred, her pulse is 85 and soft; her skin moist and bowels regular.

On the 19th of January following, she had nearly recovered from her rheumatism, under treatment, except rigidity and contraction of the muscles of the right side of the neck, by which the head was drawn downwards and towards the right shoulder. To relieve this distortion, frictions with stimulating and oleaginous liniments were diligently employed, and, subsequently, sulphuric ether was applied to the neck. Some slight improvement resulted from the use of these means. On the 18th of April, however, the condition of the neck had for some time been stationary, and all hope of further benefit was abandoned. The motions of the head were very much restricted, and any attempt to overcome the resistance of the rigid muscles by stretching them occasioned severe pain. The rigidity did not appear to reside in the sterno-mastoid muscle, inasmuch as this muscle did not grow hard and stiff when efforts were made to elevate the head; the resistance was evidently seated in the deeper muscular and tendinous parts.

At the request of my colleague, Dr. Swett, of the Medical Division, I saw this patient and proposed to make cautious attempts to overcome the resistance by force, the patient being first subjected to the influence of sulphuric ether. Considering the resistance to depend on contracted muscular and tendinous fibres, my object was either to stretch or rupture them, and in doing this, no danger was apprehended to the important nerves and blood-vessels of the neck; since the forced movement necessary to accomplish this object would fall far short of the extensive motions in every direction to which these parts are accustomed naturally to accommodate themselves.

Doctor Swett assenting to my proposal, the patient was laid upon her back in bed, with her head resting high up on a pillow, so as to be easily got at from the head of the bed. Taking the head between my two hands placed one on either side, I cautiously stretched it with a very moderate degree of force in the direction opposite to that in which it was distorted, that is, upwards and to the left side. Almost immediately every one standing round the bed (of whom there were at least eight or ten pupils and medical men), was startled by a loud snapping sound of something rupturing, and at the same time I perceived that the head yielded, and could be brought almost to its natural position. It was thought prudent to proceed no further at this operation. The patient on recovering her consciousness was not sensible of any soreness in the parts, and could bear the head to be moved much easier than before the operation. She was directed to lie as much as possible on her left side. On the following day there was considerable soreness on the right side of the neck. On the 25th of April, one week after the first operation, the soreness of the neck having very much diminished, the operation was repeated a second time.

The proceedings were the same as in the first operation, only the stretching was carried to a much greater extent, and with a much less timid hand. Several times resisting fibres were felt to yield with a rupturing sensation, till, at length, no further resistance was encountered, and the head could be carried to the full extent in every direction. After the effects of the ether had passed off, the head was bandaged down towards the left shoulder. On the 1st of May, the bandage being dispensed with, the head showed no disposition to resume its distorted attitude. On the 10th of May (1849), the head could maintain, unaided, its erect natural position, though rotation and flexion were still limited in extent, and performed awkwardly; the patient however was sensible of the progressive improvement in these respects. She took her discharge from the Hospital for the purpose of returning to her friends in Ireland. About one year afterwards she was heard from as continuing well and free from any distortion or rigidity of the neck.

CASE SECOND.

In January, 1852, Maria P——, of Guilford, Connecticut, aged 12 years, and of a healthy constitution, came under my care, with the head very much distorted from being drawn down towards the chest, with the face turned to the left side. The motions of the head were also very much restricted. In the month of July preceding, she had been attacked with sore throat and stiff neck, that left her ever since in the condition just described. She had never suffered from rheumatism in any other part of her body, and had generally enjoyed good health. I at once decided to employ the treatment which had been so successful in the preceding case; and on the 15th of January, having first etherized my patient, I performed the first operation. In order to carry the extension of the head to the requisite degree, it became necessary to have her supported in the sitting posture in a chair, and to place myself in front of her. Grasping the head between my hands, I acted on it in the various directions in which resistance was encountered, but felt no sensation of rupturing fibres, in this or in any of the subsequent operations. The resisting parts, however, yielded in some measure, and allowed the head to be brought more nearly into its natural position. No pain was experienced from the operation on recovering her consciousness.

On the 19th, no effect was observable from the first operation; it was therefore repeated a second time, with the aid of ether. On the 24th, 26th and 30th of January, and on the 4th and 7th of February, it was also repeated, each time with the aid of ether. Though a gradual improvement was perceptible from these repeated operations, it became evident that a complete cure could only be achieved by a patient and persevering repetition of them for a long time; it was therefore judged most prudent to continue the operations without the aid of ether. The patient's courage and endurance, though put to a very severe test, proved adequate to the trial. Once every day she submitted with the most admirable fortitude to the stretching process, for about ten minutes each time. This was continued up to the 1st of March, after which it was repeated twice every day. The manner of manipulating was as follows: The patient was seated in a chair, and her body steadied by an assistant standing behind her and holding her shoulders firmly with both hands. Placing myself in front of her, I grasped her head with my hands in such a way as to perform most efficiently the different movements I wished to execute. These movements were varied in every direction in which resistance was encountered, my object being to stretch to the utmost the contracted muscles, and to maintain them on a stretch for a certain length of time. The process was painful only during its actual performance, and

ceased to be so the moment it was discontinued. On the 24th of March, the operations were suspended, while the patient made a visit to her family, and were resumed again on the 8th of April. During this interval no relapse took place. The same course of treatment was continued till the 10th of May, when she returned to her home, highly gratified at being able to maintain her head by her own efforts in its natural erect position, and to turn it in different directions almost as well as ever she could. She was advised to continue for a long time the daily practice of performing the various motions of the head as extensively as possible. On the 13th of January, 1853, I conversed with an aunt of my patient, who had recently visited her, and who reports that she holds her head in a very natural manner, and can move it at pleasure freely in every direction. In a word, she considers herself quite well again, and without any disposition to relapse.

GURDON BUCK, M.D.,

Surgeon to New York Hospital.

121 Tenth-st. January 20, 1853.

EDITORIAL.

Transactions of the American Medical Association, Volume 3th, 1852.

THE above is the title of a volume containing the proceedings, reports, and papers of the Association at its fifth annual meeting, held at Richmond, Va., May, 1852, embracing no less than 939 large octavo pages.

Glancing over this ponderous volume, we thought it might not be unprofitable to give the readers of the *North-Western Medical and Surgical Journal* some idea of its contents, with the hope of awakening more attention to its value, and more interest in the permanency and success of the Association itself. To do this will require more space than can be afforded in one number of the Journal, and more time than is now at my command. Hence, with due permission, I will notice the several parts of the volume in successive numbers of the Journal, beginning with the "Minutes of the fifth annual meeting." From these we learn that the meeting was composed of 275 members, representing the societies and institutions of 32 states, the district of Columbia, the United States navy, and the American Medical Society of Paris. Of the 275 members, 89 are registered as representatives of medical colleges, embracing 26 different institutions; 7 represented the same number of hospitals; 2 belonged to the Baltimore Infirmary; 1 to the United States Navy; and the remaining 226 were representatives of city, county, district, and state societies.

The only thing worthy of notice in the first day's proceedings, besides the election of officers, was the report of the committee on prize essays, from which we learn that sixteen essays were presented to the committee for examination. Only one prize was awarded, which was received by Dr. Austin Flint of Buffalo, for the essay noticed in the preceding number of this Journal. On the morning of the second day, Dr. Simons of S. C., very properly called the attention of the Association to the great and unnecessary destruction of human life, which results from the crowding of emigrant ships, and proposed the following resolutions, which were adopted, viz :

"*Resolved*, that the American Medical Association do memorialize Congress to require all vessels carrying steerage passengers on the sea, to have a surgeon on board ;

Resolved, that a committee of the association be appointed to draw up a memorial to Congress, making such suggestions as it may deem fit as regards the importance of this measure, and also the importance of giving to each steerage passenger a certain amount of space between decks."

This is a very important subject ; for the frequent generation of severe and fatal diseases on board of crowded emigrant ships, and their transference from thence into all our sea-port towns and commercial cities, is a much more serious cause of disease than is generally supposed ; and it is the duty of physicians throughout the whole country to call the attention of members of Congress to this subject.

Only two other items particularly attracted my attention in the *minutes*. The first was the very small amount of time devoted to the reading and discussion of reports and papers on scientific subjects. Nearly all the matter of this kind was postponed until the last day of the session, and was then disposed of under the following motion, viz. :

"The reports of the committee on scientific subjects being called for, Dr. Horner, of Pa., moved that they be *read by their titles*, and referred to the committee of publication ; *which motion was adopted.*"

In this summary manner they disposed of the matter which fills at least six hundred of the 939 pages that constitute the volume of transactions ; and to perpetuate this *time-saving* process, they also adopted the following resolution, viz. :

"*Resolved*, That at the future meetings of this Association, all reports of committees and all contributions on scientific subjects, occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis shall be read before the association."

With all due deference to the wisdom of the Association, I most emphatically express my disbelief in the correctness of this policy. To appoint at each meeting a list of twenty or thirty special committees, all instructed to report, and then read those reports by their *titles only*, and refer them for publication, is certainly open-

ing the way for the annual publication of an enormous amount of matter, without knowing whether one-fourth of it is worth the cost of the paper it is printed on. I make this assertion with a full knowledge of the contents of the volume before me, and I am well satisfied that it would render the annual meetings of the Association more interesting, and contribute infinitely more to the advancement of medical science and the elevation of our medical literature, if the Association would appoint a much *smaller number* of committees, and require each paper to be read and discussed in full before being sent to the committee for publication. If this course should be adopted, we might have a *smaller* volume of transactions, but one proportionately more valuable; and if it should induce those who attend the meetings to examine with some care the subjects on which reports and papers were expected, that they might be prepared to discuss creditably such reports, instead of spending a large part of the time of each annual session in wrangling about provisions of the constitution, it would be far more profitable both to themselves and the profession.

The second item that attracted my attention in the minutes, was the large share of time which was consumed in proposing and discussing amendments to the constitution of the Association.

It would appear that much the larger part of the second and third days of the session, was spent on this subject. The same thing has occurred at several previous meetings—indeed there seems to have been two very distinct classes of men in the profession, who have never been satisfied with the present organization of the Association. The first class are emphatically *outsiders*. One or two of their number appeared in the first National Convention, and made an ill-timed effort to break it up and thus arrest the whole movement; but failing in this, they have kept entirely aloof from the subsequent meetings, and apparently contented themselves in publishing, chiefly through an organ established not far from the borders of Canada, the most gross and wanton assaults upon the character of the Association and the motives of its members. This class, having never travelled a mile or spent a *dime* to aid in advancing the interests of the Association they so freely assail, merit only the silent contempt of every honorable member of the profession. The second class have occupied no such “dog-

in-the-manger" position. They have given their time and money freely in attending the annual meetings, and have shared largely in the honors and responsibilities connected with the institution, but have never been content with the more important provisions of the present constitution. At the very outset they opposed the principle of representation, advocating the idea that all regular members of the profession should be members of the Association and entitled to attend its meetings, whether appointed by any society or public institution, or not. The objections to this were so obvious, however, that the present constitution, with its basis and ratio of representation, was adopted by a large majority. The opposition, notwithstanding, has continued to manifest itself at every meeting since. That the reader may fully understand the merits of this subject, it is necessary to state that the second article of the present constitution provides that *members* of the Association shall consist of delegates appointed by permanently organized medical societies, colleges, and hospitals. Each society is entitled to send *one* delegate for every *ten* of its members; each college *two*; and each hospital, containing a hundred beds, *two*. Finding it impossible to destroy entirely the principle of *representation* in the present organization, the *equality*, or rather want of equality in the present ratio, has become a prominent topic of complaint. It is claimed to be unfair, *anti-republican* I presume, that College faculties, generally numbering not more than seven or eight medical men, should be entitled to *two* members, while *ten* men, not connected with Colleges, are only entitled to *one* member. Hence, after much discussion, and reports from two or three committees, the following provisions were recommended by the last meeting for adoption at the next, as substitutes for articles I. and II. in the present constitution, viz.:

ARTICLE I.—*Title of the Association.*

This institution shall be known and distinguished by the name and title of "The American Medical Association." It shall be composed of all the members of the medical profession of the United States, of good standing, who acknowledge fealty and adhere to the code of ethics adopted by the Association; and its business shall be conducted by their delegates or representatives, who shall be appointed annually in the manner prescribed by this Constitution.

Strike out the whole of Article II., referring to "Members," and insert the following:—

ARTICLE II.—*Of Delegates.*

§ 1. The delegates to the meetings of the Association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from County, State, and regularly chartered Medical Societies; from chartered Medical Colleges, Hospitals, and permanent Voluntary Medical Associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year and until another is appointed to succeed him, and he shall be entitled to participate in all the business affairs of the Association.

§ 3. The county, district, chartered, and voluntary medical societies shall have the privilege of sending to the Association one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half of this number.

§ 4. Every State society shall have the privilege of sending four delegates; and in those States in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one-half of this number.

§ 5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this Association.

§ 6. The Faculty of every Chartered Medical College, acknowledging its fealty to the code of ethics of this Association, shall have the privilege of sending one delegate to represent it in the Association: *Provided*, That the said faculty shall comprise six professors, and give one course of instruction annually of not less than sixteen weeks on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery, and Chemistry: *And provided also*, that the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one years of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures (not however to be embraced in the same year), and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show by examination that they are qualified to practise medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the Association, notwithstanding that

it has not six professors, and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All Hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the Association.

§ 9. Delegates representing the Medical Staffs of the United States army and navy shall be appointed by the Chiefs of the Army and Navy Medical Bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the Association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the Constitution and inscribe his name and address in full, with the title of the institution which he represents.

Every reader who makes the comparison, will notice three prominent differences between these articles and the two for which they are destined as substitutes. The first consists in the proposition to make "all the members of the medical profession of the United States, of good standing, who acknowledge fealty and adhere to the code of ethics adopted by the Association," in fact, members of the same. The idea contained in this proposition has been advocated by some eminent members of the Association ever since its organization. And yet, how it is to accomplish the least possible good, it is not easy to perceive. On the contrary, it opens a wide door for practising the most annoying abuses. It is well known that no class of men are more fond of adopting the *titles* which might be supposed to indicate an *honorable* position in our profession, than the whole motley group of quacks whom we repudiate, and a few of our own members who feel the need of some dignified title to give them that consideration with the public, which their own want of mental industry and acquirements fail to obtain for them. Let the proposition be adopted by the Association, and what is to hinder any man who chooses to style himself "a member of the medical profession," from assuming the title of "Member of the American Medical Association?"

True, the proposition requires that he be "of good standing," and that he "acknowledge fealty to the code of ethics;" but who is to be the judge of his standing? and what provision is made or proposed for ascertaining it? This is not the only fault, however. There is no more laudable or powerfully operating stimulus to human exertion, of a temporal nature, than the honest desire to gain a fair and honorable position among our fellows; and the opportunities which medical societies afford for the gratification of this desire, constitute by no means the least important of their benefits. To become members in free and friendly communion of a local society; to gain a position in that society which will enable us to represent it in the State society; and to go still further, and acquire the privilege of mingling, as a representative, in the great national organization, and there forming the acquaintance and listening to the discussions of the most eminent men in our profession, are so many powerful incentives to a just and honorable emulation throughout the ranks of the profession in every State of our broad confederacy.

But let the National Association adopt a constitutional provision, which will enable every brazen-faced pretender in medicine to arrogate to himself the title of member of the "American Medical Association," even without the necessity of becoming first a member of a local society where he lives, and one of its most efficient operative influences for good is at once greatly diminished, if not destroyed. As the constitution of the Association now stands, with the only avenue to membership through local and State societies, colleges, and hospitals, it holds out the strongest possible inducements for the formation of city, county, and State societies; and, with its plan of holding annual meetings in different and distant sections of the Union, it has already done a great and beneficial work in extending the organization of the profession in a large number of States, in which scarcely any organization existed before. Why then abandon, or at least diminish, these great and manifest advantages, for the sake of conferring a mere nominal membership on the whole profession, which, from its very commonness, will be least esteemed by those who ought to be most interested in the welfare of the Association?

The second point of difference between amendments proposed

and the present provisions of the constitution, is in the ratio of representation from colleges and hospitals. It is proposed to limit each of these institutions to *one* delegate instead of *two*, as at present. This proposition seems to be a kind of *compromise* between the friends of the present constitution and those who desire to abolish the provision for delegates from such institutions altogether. At the organization of the Association, it was very generally thought to be an object of great importance, to secure the active and hearty co-operation of the Medical Colleges. The free intermingling annually of delegates from those institutions with others from the great mass of the profession, by which each would become more familiar with the wishes, embarrassments, and advantages of the other, was thought to be the most desirable and certain method of securing this important end. The framers of the constitution, having much more reference to the accomplishment of a great object than to the attainment of a nice numerical equality in the ratio of representation, provided for the admission of two delegates from each college and hospital. Has anything occurred in the practical working of the provision that calls for a change? In casting a hasty glance over the list of delegates in attendance at each annual meeting of the Association since its formation, I find the ratio of representation to be substantially as follows, viz.:

	1847	1848	1849	1850	1851	1852
Members enrolled as Delegates from Societies....	178	208	375	208	182	226
“ “ “ “ Med. Col.	59	45	51	34	30	39
“ “ “ “ Hospitals....	2	24	20	13	10	9
Total Average from Medical Societies during six years.....						230
“ “ “ “ Colleges “ “ “						42
“ “ “ Hospitals and Infirmarys during six years.....						13

Certainly these figures furnish no evidence that medical schools have hitherto been too largely represented, the actual average number in attendance having scarcely exceeded *one* for each school in the Union. Hence, if they are allowed any representation, the benefits to result from reducing their ratio are not very apparent.

The third important difference between the amendments proposed and the present constitution, consists in the conditions imposed on the colleges to entitle them to send delegates to the Association. These conditions are essentially as follows, viz.: The

college faculty must embrace at least six professors; the session to occur but once a year, and continue full sixteen weeks; the candidates for graduation must be required to be 21 years of age, to have studied *three* entire years, to have attended two full courses of lectures, and to sustain a satisfactory examination.

These conditions are all right enough in themselves, but entirely out of place in the *constitution* of a great National Association. They constitute unnecessary details that almost inevitably involve the Association in the most glaring inconsistencies. Indeed, the very next section of this same proposed amendment, affords a striking instance of such inconsistencies. In this, to avoid the awkward necessity of excluding the University of Virginia, the association is constrained by the terms of the amendment to acknowledge, that, under some circumstances, neither *six* professors, nor *three* years study, nor *two* courses of lectures are necessary; and that, too, after their annually reiterated recommendation of *longer* college terms, *longer* periods of study, a *greater* number of courses of lectures, and *seven* professors. It seems to me that all this talk and hair-splitting nicety about constitutional provisions, for an Association organized for the purpose of elevating and advancing the condition of one of the most learned and beneficent professions that exist in human society, involves an unnecessary waste of most precious time; and is far better calculated to engender jealousies and divisions, than to foster that spirit of liberal friendship and noble zeal for the advancement of our science, which should extend their genial influences to the remotest corners of our country. But if eminent members of the Association persist in having these *detailed conditions* in reference to medical schools incorporated into the constitution, I should certainly recommend very earnestly one additional condition to be exacted of all medical societies before they should be entitled to a representation. At the first meeting of the Association held in Philadelphia, 1847, the following resolution was adopted by an almost unanimous vote, viz.: "Resolved, That this Convention earnestly recommends to members of the profession throughout the United States, to satisfy themselves, *before* receiving young men into their offices as students, that they are of good moral character, and *that they*

have acquired a good English education, a knowledge of Natural Philosophy, and the Elements of Mathematical Sciences, including Geometry and Algebra ; and such an acquaintance, at least, with the Latin and Greek languages, as will enable them to read and write prescriptions."

If we are to have detailed *constitutional* conditions exacted of schools and hospitals, let us also require every Society to adopt efficient regulations for carrying the above resolutions into full practical effect, by all its members. Such a step, once accomplished, would certainly do more to elevate the character and extend the usefulness of the profession, than any other measure that human ingenuity can devise. Let no one imagine, that in making the foregoing strictures on the doings of the last meeting of the Association, I am inclined to find unnecessary fault, or to interpose the slightest obstacle to the prosperity and harmony of that institution. On the contrary they are called forth by the warmest solicitude for its permanent prosperity and usefulness. It has, during the six brief years of its existence, done much, very much, to create a healthier public sentiment in the profession, to increase the intercourse and friendly feelings among its members, to extend its local organizations, and to excite the feeling of just emulation in the pursuit of science.

I ardently desire to see it continue to diffuse abroad the same healthful and ennobling influences. While I admit that the present constitutional ratio of representation is *theoretically* unequal, yet it certainly has not, thus far, developed in practice any important abuses. And hence, instead of risking the harmony of diverse interests and feelings by constant attempts at more nice constitutional adjustments, every effort should be made to cultivate a broader liberality, a freer communion of those representing all legitimate interests, and a more patient, diffusive, and energetic spirit of scientific research. And I am fully convinced that these important objects would be more speedily and certainly accomplished, if the Association would appoint fewer committees, exact more prompt and carefully digested reports, and induce all its members to come up to the annual meetings prepared in the true spirit of candor and liberality, to examine every report and paper presented, for the purpose of adding

whatever their own experience and observation had furnished in relation thereto. Such a course, pursued in such a spirit, would not only carry the Association onward through a long career of prosperity and usefulness, but would give to all its general recommendations, in relation to medical education and literature, greatly increased effect. But enough. N. S. D.

A Practical Treatise on Dental Medicine, being a compendium of Medical Science, as connected with the study of Dental Surgery, to which is appended an inquiry into the use of Chloroform and other Anæsthetic agents, second edition, revised, corrected and enlarged. By THOS. E. BOND, A.M. M.D., Professor of Special Pathology and Therapeutics in the Baltimore College of Dental Surgery: Phil. Lindsay & Blackiston, 1852.

VERILY of making books there is no end. Every department of science and literature seems to be in labor; in the majority of cases the result being abortion, as is evidenced by imperfect development, and in many instances the entire inability of the little nursling to maintain life, though cared for tenderly by the whole family of motherly editors. On the other hand, we are pleased when we see produced by a healthy vigorous mind, a full grown, well-proportioned and perfectly developed offspring, which needs no puffing, no artificial respiration to make it live.

Dr. Bond's book is certainly not one of the first class. It is a work which must find favor with Students of Dentistry, and which, in the absence of anything more full and complete, cannot be dispensed with by those in the practice of that department of therapeutic science. We are glad to see a recognition of the fact, that mechanical skill alone is not sufficient, and that to be a good dentist, a man must understand the chemico-physiology and pathology of the structures with which he has to do, as well as the morbid conditions and curative indications of adjacent parts dependent on a diseased condition of the teeth themselves.

The book does not profess to contain every thing that can be said on the subject; indeed it is a pioneer, a first effort to embody facts and present principles, with special reference to dental pathology and therapeutics.

The edition before us contains a chapter on anæsthetics, which

will enhance the value of the work. In reference to that subject he says:

"I am convinced that anæsthetics should always be administered to the patient in the recumbent position.

They should never be administered to a patient in whom the heart's action is at the time very feeble, whether from dread or otherwise.

They should never be administered to a patient subject to fainting fits."

Dr. Bond thinks that one common cause of death is syncope, produced by the administration of the Anæsthetic in an erect position, and from the fact that parturient females almost always inhale the anæsthesia in a recumbent position; he explains their singular exemption from the perils which have attended the use of these agents in other patients.

J.

Cook County Medical Society, March 1st.

DR. J. H. BIRD called the attention of the society to the use of sugar of milk as a nutritious agent. He reported two cases of children fed with cow's milk, in which the structures composed of the protein compounds were rapidly developed, while the fatty tissues were atrophied to a remarkable degree. In both these cases he added to the ordinary food the sugar of milk in liberal quantities, and was gratified to find that the vice of nutrition was corrected. He suggested that the milk of the cow contains more casein and less sugar than the milk of the human female, and that by the use of this substance the natural nourishment of the infant is approximated at least. Dr. B. was led to prefer the sugar of milk to cane sugar from the fact that the former is readily converted into lactic acid, and serves as respiratory food; while, from recent experiments, it is probable that the latter acts as a stimulant to the kidneys, and is excreted through those organs.

Dr. Davis has observed that children who do not do well on the milk of the cow often become healthy and grow fat on the addition of common sugar—thinks the sugar of milk may be preferable; at all events it is worthy of trial.

Dr. Palmer has never used it, but likes the suggestion and thinks the subject important and worthy of further investigation.

Dr. Johnson thought the sugar of milk might be absorbed without being digested, and for that reason valuable as an article of food in disease of the alimentary canal or mesentery glands—thought it might be found a valuable substitute in some cases for cod-liver oil.

Dr. Herrick reported a case of disease of the lymphatic and mesenteric glands, in which it was almost impossible to introduce sufficient food to keep the patient alive; cod-liver oil had been used, with good albuminous diet and the various preparations of Iron, but without improvement; as a last resort the sugar of milk was used freely—the patient has been much better since. How much influence the treatment had in ameliorating the symptoms, it is impossible to say, but is strongly impressed with the idea that the use of the article has been beneficial.

Dr. Davis reported a case of unusual development of the fœtus in utero at the expense of the mother. Dr. Herrick reported cases of a similar nature, and also of unequal distribution of food during lactation—abortion in the one case and weaning in the other the only means of saving the life of the mother.

Dr. Davis also reported a case in which unusual symptoms followed the external application of infusion of aconite ʒss. of the leaves to Oj. of water. The patient seemed to be laboring under extreme depression similar to that occasioned by fright.

Dr. Haven gave an account of a case of hydrophobia which had recently occurred in the city. The patient had been bitten about three weeks before taken—lived but three or four days. J.

LIST OF GRADUATES IN RUSH MEDICAL COLLEGE, SESSION 1852-53.

NAMES.	RESIDENCE.	THESIS.
1. Henry Parker, -	Illinois	{ On the Influence of Oxygen in the Production of Disease.
2. Oliver S. Jenks, -	"	
		On General Pathology.

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| 3. Arthur Young, | - Illinois, | On Epidemic Cholera. |
| 4. Warren Millar, | - " | On Inguinal Hernia. |
| 5. John F. Starr, | - " | { On the Physiology of Par-
turation. |
| 6. D. Alphonn Colton, | Wisconsin | { On the Effects of the Mind
upon the Body. |
| 7. Henry S. Steele, | - New York, | On Morbus Coxarius. |
| 8. Elijah H. Drake, | - Indiana, | On Semiology. |
| 9. J. B. Wheaton, | - Michigan, | On Etiology. |
| 10. S. H. Whittsey, | - Illinois, | { On Chemical Analysis in its
Application to Pathol-
ogy and Therapeutics. |
| 11. Solon Marks, | Wis., | On Apoplexy. |
| 12. Robt. F. Bennett, | Illinois, | On Uterine Polypi. |
| 13. Wm. M. Young, | - Wis., | On Pneumonia. |
| 14. James B. Moffett, | " | On Cholera. |
| 15. Robt. F. Henry, | - Illinois, | On Acute Dysentery. |
| 16. Josiah Stanley, | - Wis., | On Inflammation. |
| 17. S. B. Harriman, | - Indiana, | Acute Muco-colo-reclitis. |
| 18. J. A. James, | - " | The Nutritive Functions. |
| 19. Hosea Davis, | - Illinois, | On Remitting Fever. |
| 20. M. F. Gerard, | - " | On Remitting Fever. |
| 21. Robt. W. Earll, | - Wis., | On Homœopathy. |
| 22. Hiram Smith, | - Illinois, | On Pneumonia. |
| 23. J. A. Brenneman, | " | |
| 24. P. G. Corkins, | - " | { On Cupping in Retained
Placenta. |
| 25. A. D. Dwight, | - " | On Puerpural Fever. |
| 26. H. W. Ross, | - Iowa, | { On Malaria, its causes and
effects. |
| 27. R. Q. Wilson, | - Indiana, | On Acute Pneumonia. |
| 28. William Curless, | - Iowa, | On Intermittent Fever. |
| 29. Daniel Whiting, | Indiana, | On Erysipelas. |
| 30. James Gregory, | " | On Entozoa. |
| 31. John Philips, | - Wisconsin | On Enteric Fever. |
| 32. James M. Proctor, | Indiana, | On Symptomatology. |
| 33. O. D. Chapman, | - Michigan, | On Puerpural Convulsions. |
| 34. J. P. Cunningham, | Illinois. | On Typhoid Fever. |